



CITY OF SANTA BARBARA

PEDICAB OWNER'S PERMIT

APPLICANT CHECKLIST

Applicant: Make sure you complete all the forms.

Proposed Business Name:

Owner/Applicant Name:

Phone:

Owner/Applicant Name:

Phone:

**Present the following documents to the Police Technician at:
Santa Barbara Police Department Annex,
222 E. Anapamu, Santa Barbara, CA 93101.**

- ☐ Pedicab Owner Application.
- ☐ Personal Information Sheet. Complete one for each person named on the application.
- ☐ Completed and signed Arrest History for each person named on the application.
- ☐ Signed Authorization to Release Information for each person named on the application.
- ☐ Two (2) color, passport-size photographs for each person named on the application.
- ☐ Certificate of Insurance for Comprehensive GENERAL Liability.
- ☐ Pedicab Owner's Indemnity Hold Harmless Agreement
- ☐ A Vehicle Inspection Report for each vehicle to be placed in service, signed by an approved Santa Barbara Police Department employee and the applicant, certifying that all items listed are in compliance with State and City codes. At this time a visual inspection will be made to approve the color, identification, lettering, and overall appearance of the vehicle.
- ☐ Proof of payment for business license and fingerprint service.

☐ DOJ DELAY
DATED: _____

☐ DOJ ☐ BUSTED
☐ RMS ☐ GUS

Date Stamp (Rec'd):

☐ Mailed/Picked Up

Date: _____

☐ Copy sent to Finance

Date: _____

Finance File #

Police Dept I.D. #

Exp:

CLU Record #

City Stamp/Paid



CITY OF SANTA BARBARA

APPLICATION FOR PEDICAB OWNER'S PERMIT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.28)

SBPD Permit #:

Exp:

Finance Dept B/L:

OWNER INFORMATION. Please complete the following:

Trade name to be used (do not use "Santa Barbara" as part of the name):

Full name of applicant(s):

Business address:

Business phone:

Rates to be charged (Please provide a copy of the rate card.)

Proposed number of vehicles to be operated as of date of application:

(Provide a list of Vehicle Identification Numbers. List must agree with list required on page 2 of Financial Statement.)

Where will the vehicles be garaged:

Where are the administrative (office) facilities located:

Describe the color scheme and logo to be used (*submit a color drawing or photograph*):

Describe the type of service to be offered, including the proposed hours of operation:

Has the applicant or any person with an ownership interest ever had a permit denied, suspended or revoked?
_____ If yes, *submit details on a separate sheet.*

You must also submit a Personal Information Sheet, Arrest History, Authorization to Release Information, and two passport-size color photos for each individual named on this application. If the applicant is a corporation, a copy of the Articles of Incorporation and a list of all officers, directors and stockholders owning or controlling 10% or more of the stock, percentage of ownership, the name, address and phone number of the Agent for Service and a sworn, financial statement is required.

I certify under the penalty of perjury that this statement and any attachments is, to the best of my knowledge, true, correct and complete.

Applicant's Signature

Date

Print Name and Title

To:



CITY OF SANTA BARBARA

APPLICATION FOR PEDICAB OWNER PERMIT PERSONAL INFORMATION

(Pursuant to Santa Barbara Municipal Code, Chapter 5.28)

List your last five places of employment. Start with your current or most recent employer. List by business name, address, business phone number, and dates (month and year) of employment.

Business Name:	From:	To:
Street Address:	Business Phone:	
City:	State:	Zip:
Business Name:	From:	To:
Street Address:	Business Phone:	
City:	State:	Zip:
Business Name:	From:	To:
Street Address:	Business Phone:	
City:	State:	Zip:
Business Name:	From:	To:
Street Address:	Business Phone:	
City:	State:	Zip:
Business Name:	From:	To:
Street Address:	Business Phone:	
City:	State:	Zip:

Describe in detail (using separate sheet if needed) previous experience in this industry and any similar permits issued in any other city, state or country.

Signature below indicates the applicant understands that if any information requested is misrepresented, it may be grounds for denial of this permit application.

Applicant's Signature

Date



CITY OF SANTA BARBARA

AUTHORIZATION TO RELEASE INFORMATION TO THE CITY OF SANTA BARBARA, POLICE DEPARTMENT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.28)

As an applicant for a City permit within the City of Santa Barbara, I hereby authorize the release of any and all information that you may have concerning my work records education records, medical records, and information of a confidential or privileged nature to the City of Santa Barbara Police Department and its agents.

I hereby release you, your organization, or others, from any liability or damage, which may result from furnishing the information requested.

Printed (Permit Applicant's Name)

Signature (Permit Applicant)

Date

CITY OF SANTA BARBARA

ARREST HISTORY

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

Failure to **list all arrests and citations** may result in a denial of your application. This page **MUST** be completed. If there is no arrest history, write "NONE" or "N/A".

Date	Place (City and State)	Reason (Violation)

Are you currently on **probation**? ☐ No ☐ Yes, Charges: _____

Are you currently on **parole**? ☐ No ☐ Yes, Charges: _____

Are you currently required to **register pursuant to Section 290 PC** (sex registrant)? ☐ No ☐ Yes

Signature below indicates the applicant understands that if any information requested on this form is misrepresented, it may be grounds for denial of this permit application.

Printed (*Permit Applicant's Name*)

Signature (*Permit Applicant*)

Date

The Police Technician verbally verified with applicant that:

☐ applicant's answer is "none" OR ☐ applicant listed complete/entire arrest history

Police Technician Initials _____ Date: _____



CITY OF SANTA BARBARA

PEDICAB BUSINESS OWNER'S INDEMNITY/ HOLD HARMLESS AGREEMENT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.28)

Owner, by acceptance of the permit to operate a pedicab (paratransit) business, does agree to hereby indemnify and hold harmless the City of Santa Barbara, its officers, employees and agents from any and all damages, claims, liabilities, costs, suits or other expense resulting from and arising out of said permit holder's operations.

In witness thereof, this Indemnity and Hold Harmless Agreement is executed on this _____ day of _____, 20__.

Owner's Permit Holder (Company Name) _____

Owner's Name _____

Owner's Signature _____

Title _____

TO: INSURERS

Certificate of Insurance and this signed letter must be faxed by the Insurer to the City of Santa Barbara to fax number (805) 897-3733.

Original Certificate of Insurance and original signed letter must be mailed to:

***Santa Barbara Police Department
215 E. Figueroa St.
Santa Barbara, CA 93101***

prior to a pedicab owner's permit being issued.

In order to operate a pedicab business in the City of Santa Barbara, a completed Certificate of Insurance must be on file with the Santa Barbara Police Department. The following are the minimum requirements for the Certificate of Insurance as allowed by the City of Santa Barbara:

1. Name and address of insured doing business as (DBA).
2. Location of the operations insured: within the City of Santa Barbara.
3. Description of operations: paratransit service operations.
4. Description of vehicles covered (provide a list).
5. General Liability coverage of two hundred and fifty thousand dollars (\$250,000.00) bodily injury and property damage each person, each occurrence.
6. City of Santa Barbara, its officers, employees and agents are named as additional insured.
7. Policies will not be canceled, limited, or changed without (30) days written notice to the City of Santa Barbara.
8. Coverage afforded the City shall apply as Primary and not Excess to any insurance issued in the name of the City of Santa Barbara.
9. Blanket or Scheduled Contractual Liability sufficiently broad to cover liability assumed in the permit. (SBMC 5.28.330: A decal holder and operator shall, and by acceptance of the permit does, agree to hereby indemnify and hold the City of Santa Barbara, its officers, employees and agents from any and all damages, claims, liabilities, costs, suits, or other expense resulting from and arising out of said decal holder's or operator's operations.).
10. Policy includes Severability of Interest clause, or equivalent wording, stating that coverage applies separately to each named or additional insured as if separate policies had been issued to each.
11. Insurer must be admitted by the State of California, Department of Insurance, or have a Best's rating of B+ or better, and the agency and the agent must be licensed by the State of California. The City reserves the right to reject an insurer or an agency of the insurer.
12. Authorized signature may be the agent's if agent has placed insurance through an agency agreement with the insurer. If insurance is brokered, authorized signature must be that of an official of the insurer.

By signing this letter I/we agree that all of the foregoing conditions have been met and accepted by the insurer and the agency.

Executed in Santa Barbara, California or _____, California.

(Insurer's authorized signature)

Date

(Insurer's printed name and title)

Insurance Company Name _____

Insurance Company Address _____

NOTICE TO INSURERS AND PEDICAB SERVICE OPERATORS:

In order to operate any paratransit service in the City of Santa Barbara, a completed Certificate of Insurance must be on file with the Santa Barbara Police Department, Attn: Aimee Salazar, 215 E. Figueroa St., Santa Barbara, CA 93102. Complete the following Certificate of Insurance. If your insurance company uses a different form, that form must contain, as a minimum, the requirements listed below.

CERTIFICATE OF INSURANCE

This certifies to the City of Santa Barbara that the following described policies have been issued to:

Name of Insured:

Address:

Location of operations insured: within the City of Santa Barbara.

Description of operations: Pedicab Operations.

Description of vehicles covered:

POLICIES AND INSURERS	LIMITS		POLICY NUMBER	EXPIRATION DATE
	Bodily Injury	Property Damage		
General Liability <input type="checkbox"/> Comprehensive <input type="checkbox"/> Commercial _____ (Insurer)	Each Person	Each Occurrence		
	Each Occurrence			
	Combined Single Limit \$250,000.00			
Automobile Liability <input type="checkbox"/> Owned <input type="checkbox"/> Hired <input type="checkbox"/> Non Owned _____ (Insurer)	Each Person	Each Accident		
	Each Occurrence			
	Combined Single Limit \$250,000.00			

The following coverage or conditions are in effect: General Liability ☐ Automobile Liability ☐

Yes	No
-----	----

- | | |
|---|--|
| 1. City of Santa Barbara, its Officers, Employees, and Agents Named as Additional Insured. | |
| 2. Policies will not be Canceled, Limited, or Changed without 30 Days Written Notice to the Finance Department, Licenses and Permits, P.O. Box 1990, Santa Barbara, CA 93102-1990 | |
| 3. Coverage afforded the City shall apply as Primary and not Excess to any insurance issued in the name of the City. | |
| 4. Blanket or Scheduled Contractual Liability sufficiently broad to cover liability assumed in the permit. (SBMC 5.29.290: An owner's permit holder shall, and by acceptance of the permit does, agree to hereby indemnify and hold the City of Santa Barbara, its officers, employees and agents from any and all damages, claims, liabilities, costs, suits, or other expense resulting from and arising out of said permit holder's operations.) | |
| 5. Policy includes a Severability of Interest provision or equivalent wording, stating that coverage applies separately to each named or additional insured as if separate policies had been issued to each. | |

Date: _____

_____ (Authorized Signature)

_____ (Date)

At: _____ Company and Address)

NOTE: Authorized signature may be the agent if agent has placed insurance through an agency agreement with the insurer. If insurance is brokered, authorized signature must be that of official of insurer.

INSURER MUST BE ADMITTED BY THE STATE OF CALIFORNIA, DEPARTMENT OF INSURANCE, OR HAVE A BEST'S RATING OF B+ OR BETTER. THE CITY RESERVES THE RIGHT TO REJECT AN INSURER.



CITY OF SANTA BARBARA

PEDICAB INSPECTION REPORT

Date _____

Pedicab Company _____ Pedicab Number _____

Registered Owner _____

Owner Address _____

Vehicle Make _____ Model _____ Year _____

ITEMS TO BE INSPECTED	CVC/SBMC #	CHECKED	RECOMMENDED REPAIRS	DATE CORRECTED
Headlamp - A battery-operated headlight capable of projecting a beam of white light for a distance of 300 feet shall be permanently affixed to the pedicab	5.28.140			
Tail Lamps - A battery-operated taillights shall be permanently affixed on the right and the left, respectively, at the same level on the rear exterior of the passenger compartment of the pedicab, or the pedicab trailer. Taillights shall be red in color and plainly visible from all distances within 500 feet to the rear of the pedicab trailer	5.28.140			
Reflectors - White or yellow reflector on each pedal visible 200 ft. from front or rear. White or yellow reflector on each side forward of the center of the bicycle and red or white on each side rear of the center.	21201			
Brake System - enables the operator to make one braked wheel skid on dry, level, clean pavement	21201			
Vehicle Size - No person shall operate upon any highway a bicycle which is of such a size as to prevent the operator from safely stopping the bicycle, supporting it in an upright position with at least one foot on the ground, and restarting it in a safe manner.	21201			
Overall Safe Condition of Vehicle	5.28.250			
Rate Posting Sign	5.28.340			
Vehicle ID Number - Exterior	5.28.140			
Local Map	5.28.340			

I/We state that the items inspected
are in () safe
() unsafe
operating condition.

Owner's Signature

Printed Name

SBPD Employee Signature

Printed Name

Date